	Coo	0 24 1270E	Doo 2 Fi		24 Ent	orad A	<u>9/0</u> 9/2	112.25.2	O Doco Main	
Fill	in this information to	identify your case:						Check one bo Form 122A-15	x only as directed in th	is form and in
D	ebtor 1	Johnny	D.	Clements					no presumption of abu	100
		First Name	Middle Name	Last Name					culation to determine if	
_	ebtor 2 Spouse, if filing)	First Name	Middle Name	Last Name			-	of abuse a	pplies will be made und t Calculation (Official F	der Chapter 7
	nited States Bankrup	otcy Court for the:	Easte	rn District of	Pennsylva	nia	-	3. The Mea	ans Test does not apply military service but it o	/ now because could apply later.
	ase number known)							Check if th	nis is an amended filing	
								— Chook ii u		
<u>Of</u>	ficial Form 1	122A-1								
Cł	napter 7 S	tatement	of Your	Curren ⁻	t Mont	hly I	nco	me		12/19
attac and beca with	ch a separate sheet case number (if kno	to this form. Includ own). If you believe illitary service, com	e the line number that you are exer plete and file <i>Sta</i>	to which the a	additional in resumption	formation of abuse	applies because	. On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name er debts or
1.	What is your marit	al and filing status?	? Check one only.							
	•	l out Column A, line								
	_	ur spouse is filing v	•			2-11.				
	_	ur spouse is NOT fi		-						
		e same household	_							
	under pena		ou and your spous	se are legally se	eparated und	ler nonba	nkruptcy	law that applie	g this box, you declare es or that you and your 7(b)(7)(B).	
va ex	aried during the 6 mo	onths, add the incom	ne for all 6 months	and divide the	total by 6. F	ill in the re	esult. Do column	not include an	ne amount of your mon y income amount more re nothing to report for Column B	than once. For
							Debt	or 1	Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).							\$0.00		
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		
5.	Net income from o or farm	perating a busines	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (bef	ore all deductions)		\$0.00	-					
	Ordinary and neces	ssary operating expe	enses	- \$0.00						
	Net monthly income	e from a business, p	profession, or farm	\$0.00		Copy here →		\$0.00		
6.	Net income from re	ental and other real	property	Debtor 1	Debtor 2					
	Gross receipts (bef			\$0.00	Debiol 2					
	Ordinary and neces	,	enses	- \$0.00	-					
		- '				Сору				
	Net monthly income	e from rental or other	er real property	\$0.00		here →		\$0.00		
7	Interest, dividends	. and rovalties						\$0.00		
	,	,								i .

Debtor 1

Case 24-12795 Doc 3 Filed 08/09/24 Entered 08/09/24 13:25:20 Desc Mail Documents Page 2 of 3 Case number (if known)

	First Name Middle Name	Last Name					
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse			
	8. Unemployment compensation	\$0.00					
	Do not enter the amount if you contend that the under	amount received was a benefit					
	the Social Security Act. Instead, list it here:						
	For you	\$965.12					
	For your spouse	<u> </u>					
	9. Pension or retirement income. Do not include a benefit under the Social Security Act. Also, exceed on not include any compensation, pension, pay, United States Government in connection with a disability, or death of a member of the uniformer retired pay paid under chapter 61 of title 10, the that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 or	ept as stated in the next sentence, , annuity, or allowance paid by the disability, combat-related injury or d services. If you received any en include that pay only to the extent y to which you would otherwise be other than chapter 61 of that title.	\$0.00				
	10. Income from all other sources not listed above Do not include any benefits received under the received as a victim of a war crime, a crime ag domestic terrorism; or compensation, pension, the United States Government in connection winjury or disability, or death of a member of the list other sources on a separate page and put to	e Social Security Act; payments painst humanity, or international or pay, annuity, or allowance paid by with a disability, combat-related uniformed services. If necessary,					
	Total amounts from separate pages, if any. 11. Calculate your total current monthly income. each column. Then add the total for Column A	S S	+\$0.00	+	= \$0.00		
Pa	rt 2: Determine Whether the Means Test A	applies to You			monthly income		
12.	Calculate your current monthly income for the year	: Follow these steps:					
	12a. Copy your total current monthly income from lir	ne 11		Copy line 11 here →	\$0.00		
	Multiply by 12 (the number of months in a year	•).			x 12		
	12b. The result is your annual income for this part o						
	12b. The result is your annual income for this part of		12b.	\$0.00			
13.	Calculate the median family income that applies to						
	Fill in the state in which you live.	Pennsylvania					
	Fill in the number of people in your household.	1					
	Fill in the median family income for your state and siz To find a list of applicable median income amounts, g instructions for this form. This list may also be available	separate	13.	\$66,923.00			
	How do the lines compare?						
14a. ✓ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2.							

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*Go to Part 3 and fill out Form 122A–2.

Entered 08/09/24 13:25:20 Page 3 of 3 Case number Doc 3 Filed 08/09/24 Debtor 1

First Name Middle Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

Date 08/09/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.